



1a Application Type
 Original Renewal Change/ Reissue

1b Registration Number

2 Registration Use
 Individual On Behalf of a Corporation On Behalf of a Partnership

3 Primary Principal *Required for all applications. Business fax and mobile telephone are optional.*

Last Name	First Name	Middle Initial
Social Security No	% Control	Date of Birth (m/d/y)
Home Address	Home Telephone	
City	State	Zip
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	EIN	

Yes No Is the operating capital for your business at least twenty-five thousand dollars?

4 Corporate Officers, Partners and Any Stakeholders *(Include Stakeholders that own ten percent or more and primary applicant)*

NAME	% Control	NAME	% Control

5 Business History *Provide work location where applicant has engaged in general contracting within the last five years if different from above*

Business Name _____ Business Telephone _____
 Business Address _____
 City _____ State _____ Zip _____
 Existing DOB tracking number (List All): _____

6 Convictions and Fines *If you answer "Yes" to any of these questions, you must complete and attach form LIC34.*

- Yes No Have you ever been convicted or pled guilty to an offense anywhere (an offense is defined as a violation, misdemeanor or felony)?
- Yes No Do you owe any penalties or fines to the City of New York? DO NOT INCLUDE PARKING FINES.
- Yes No Does any company or business you have been associated with under your Department-issued registration or tracking number owe any fines, penalties or fees to the City of New York that were incurred during your association with that company or business?

